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# FACSIMILE COVER SHEET

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Facsimile No.: 703-872-9306 Date: June 27, 2005  
From: William W. Schaal, Reg. No. 39,018  
Our Docket No.: 42390P9257 Number of pages 17 including this sheet.  
Application No.: 09/747,238 Filing Date: 12/22/2000  
Docket Due Date(s): 6/28/2005

**Enclosed are the following documents:**

<input checked="" type="checkbox"/> Amendment: ... Response ( <u>12</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( ____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ ( ____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( ____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Reply Brief ( ____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( ____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input checked="" type="checkbox"/> Extension of Time: <u>one (1) month</u>	<input type="checkbox"/> Response to Written Opinion ( ____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( ____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

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William W. Schaaf

6/28/2005

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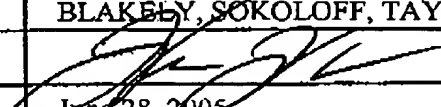
JUN 29 2005

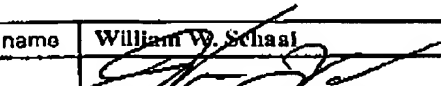
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application No.	09/747,238	
	Filing Date	December 22, 2000	
	First Named Inventor	David W. Grawrock	
	Art Unit	2132	
	Examiner Name	Minh Dinh	
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P9257

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 28, 2005

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Typed or printed name	William W. Schaal		
Signature		Date	June 27, 2005

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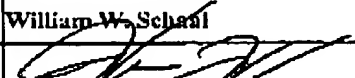
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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	09/747,238
		Filing Date	December 22, 2000
		First Named Inventor	David W. Grawrock
		Examiner Name	Minh Dinh
		Art Unit	2132
		Attorney Docket No.	42390P9257
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>120.00</b>			

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

<b>FEE CALCULATION</b>																																																											
<b>1. EXTRA CLAIM FEES</b>																																																											
<table border="1"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>27</td> <td>28*</td> <td>0</td> <td>\$0.00</td> </tr> <tr> <td>5</td> <td>5*</td> <td>0</td> <td>\$0.00</td> </tr> </table>	Total Claims	Extra Claims	Fee from below	Fee Paid	27	28*	0	\$0.00	5	5*	0	\$0.00	<table border="1"> <tr> <th>Multiple Dependent</th> <th>Fee Paid</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Multiple Dependent	Fee Paid																																												
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	06/27/05

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<b>FEE TRANSMITTAL for FY 2005</b>		<i>Complete If Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	09/747,238
		Filing Date	December 22, 2000
		First Named Inventor	David W. Grawrock
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		Art Unit	2132
		Attorney Docket No.	42390P9257
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check   ☐ Credit card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account   Deposit Account Number: 02-2666   Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee  
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**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims:	Extra Claims	Fee from below	Fee Paid
27	28	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	26	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$)
				0.00

\*For number previously paid, if greater, For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
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2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	120.00
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,580	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
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1403	1,000	2403	500	Request for oral hearing	
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1409	130	2409	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1808	100	1808	100	Submission of Information Disclosure Sheet	
1809	780	1809	395	Filing a submission after final rejection (37 CFR § 1.129(e))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					
SUBTOTAL (2)				(\$)	120.00

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	06/27/05

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